Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Ambulatory surgery: percentage of Ambulatory Surgery Center (ASC) admissions experiencing a burn prior to discharge.

Source(s)

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 3.2. Saint Petersburg (FL): ASC Quality Collaboration; 2015 Oct. 37 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Outcome

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of Ambulatory Surgery Center (ASC) admissions experiencing a burn prior to discharge.

Rationale

There are numerous case reports in the literature regarding patient burns in the surgical and procedural setting. The diversity of the causative agents underscores the multitude of potential risks that must be properly mitigated to avoid patient burns.

The literature on burns suggests that electrosurgical burns are most common. A recent publication from ECRI Institute highlights the increased risk of burns with newer surgical devices that apply higher currents at longer activation times. Although electrical burns are most prevalent, other mechanisms of burn injury are frequently reported in case studies and case series. These include chemical and thermal burns.

Surgical fires are rare; however, their consequences can be grave, killing or seriously injuring patients and surgical staff. The risk of surgical fire is present whenever and wherever surgery is performed, whether in an operating room, a physician's office, or an outpatient clinic.

Recognizing the diversity of mechanisms by which a patient could sustain an unintentional burn in the Ambulatory Surgery Center (ASC) setting, the definition of burn is broad, encompassing all six recognized means by which a burn can occur - scalds, contact, fire, chemical, electrical, or radiation. This will allow stakeholders to develop a better understanding of the incidence of these events and further refine means to ensure prevention.

Clinical Practice Guidelines
The risk of burns related to laser use can be reduced by adherence to the guidelines published by the American National Standards Institute (ANSI, 2005) for safe use of these devices in the health care setting. Similarly, the risk of burns related to the use of electrosurgical devices can be reduced by following the electrosurgery checklist published by ECRI. The risk of surgical fires can be reduced by minimizing ignition, oxidizer, and fuel risks (the "classic triangle"). The American Society of Anesthesiologists Practice Advisory for the Prevention and Management of Operating Room Fires (2008) seeks to prevent the occurrence of operating room (OR) fires, reduce adverse outcomes associated with OR fires and identify the elements of a fire response protocol.

Guidance for the prevention of surgical fire has also been published by the Association of periOperative Registered Nurses (2006), formerly Association of Operating Room Nurses (AORN).

Evidence for Rationale

American National Standards Institutes (ANSI). ANSI Z136.3. Safe use of lasers in health care facilities, 2005 revision. 2005.

American Society of Anesthesiologists Task Force on Operating Room Fires, Caplan RA, Barker SJ, Connis RT, Cowles C, de Richemond AL, Ehrenwerth J, Nickinovich DG, Pritchard D, Roberson D, Wolf GL. Practice advisory for the prevention and management of operating room fires. Anesthesiology. 2008 May;108(5):786-801; quiz 971-2. [93 references] PubMed

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 3.2. Saint Petersburg (FL): ASC Quality Collaboration; 2015 Oct. 37 p.

Association of Operating Room Nurses (AORN). AORN guidance statement: fire prevention in the operating room in standrards, recommended practices, and guidelines. Denver (CO): Association of Operating Room Nurses (AORN); 2006.

ECRI Institute. Electrosurgery checklist. [internet].

ECRI. A clinician's guide to surgical fires. How they occur, how to prevent them, how to put them out. Health Devices. 2003 Jan;32(1):5-24. [134 references] PubMed

ECRI. Devastation of patient fires. Health Devices. 1992 Jan;21(1):3-39.

ECRI. Higher currents, greater risks: preventing patient burns at the return-electrode site during high-current electrosurgical procedures. Health Devices. 2005 Aug;34(8):273-9. PubMed

Primary Health Components

Ambulatory Surgery Center (ASC); patient burn; scalds; contact; fire; chemical; electrical; radiation

Denominator Description

All Ambulatory Surgery Center (ASC) admissions (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Ambulatory Surgery Center (ASC) admissions experiencing a burn prior to discharge (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The measures included in this implementation guide have been developed using a multi-step process. Each has been vetted with both an internal panel of technical experts and an external panel of individuals and/or organizations with relevant expertise. All of the measures have been pilot tested in Ambulatory Surgery Centers (ASCs) and assessed for validity, feasibility and reliability.

Evidence for Extent of Measure Testing

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 3.2. Saint Petersburg (FL): ASC Quality Collaboration; 2015 Oct. 37 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory Procedure/Imaging Center

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

All ages

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Making Care Safer
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Safety

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Encounter

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
All Ambulatory Surgery Center (ASC) admissions*

**Admission*: Completion of registration upon entry into the facility.

Exclusions
None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Ambulatory Surgery Center (ASC) admissions experiencing a burn prior to discharge

Note:

> *Burn*: Unintended tissue injury caused by any of the six recognized mechanisms: scalds, contact, fire, chemical, electrical or radiation, (e.g., warming devices, prep solutions, electrosurgical unit or laser).
> *Discharge*: Occurs when the patient leaves the confines of the ASC.

Exclusions

None

Numerator Search Strategy

Encounter

Data Source

Paper medical record

Other

Type of Health State

Adverse Health State

Instruments Used and/or Associated with the Measure

Sample Data Collection Sheet: Patient Burn

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Patient burn.

Measure Collection Name

Ambulatory Surgery Center (ASC) Quality Measures

Submitter

Ambulatory Surgery Center (ASC) Quality Collaboration - Health Care Quality Collaboration

Developer

Ambulatory Surgery Center (ASC) Quality Collaboration - Health Care Quality Collaboration

Funding Source(s)

Ambulatory Surgery Center (ASC) providers; nursing, physician, and provider associations

Composition of the Group that Developed the Measure

Ambulatory Surgery Center (ASC) providers; nursing, physician, and provider associations; provider accrediting organizations

Financial Disclosures/Other Potential Conflicts of Interest

None

Measure Initiative(s)

Ambulatory Surgery Center Quality Reporting Program

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: ASC Quality Collaboration. ASC quality measures: implementation guide. Version 2.0. Ambulatory Surgery Center; 2014 Jan. 32 p.

Measure Availability

Source available from the Ambulatory Surgery Center (ASC) Quality Collaboration Web site .

For more information, contact the ASC Quality Collaboration's Executive Director, Donna Slosburg, at E-mail: donnaslosburg@ascquality.org; Web site: ascquality.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on September 10, 2008. The information was verified by the measure developer on December 3, 2008.

This NQMC summary was retrofitted into the new template on May 31, 2011.

This NQMC summary was updated by ECRI Institute on July 10, 2012. The information was verified by the measure developer on August 1, 2012.

This NQMC summary was updated again by ECRI Institute on August 3, 2015. The information was verified by the measure developer on September 11, 2015.

Copyright Statement

Production

Source(s)

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